



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Medicaid Services

Ernie Fletcher
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Mark D. Birdwhistell
Secretary

Shawn M. Crouch
Commissioner

October 02, 2007

**TO: Nursing Facility (12) Providers
Provider Letter A-231**

RE: On Site Continued Stay Review Process

Dear *KyHealth Choices* Providers:

Please be advised effective October 1, 2007, the Department has approved a change in the PRO process for on site continuing stay reviews in Nursing Facilities.

Upon approval of an Nursing Facility admission, within thirty (30) days the PRO shall perform an on site continuing stay review and then at least every six (6) months shall approve a continued stay if the resident continues to meet Nursing Facility patient status in accordance with 907 KAR 1:022.

If a resident at the time of an on site review is out of the nursing facility, the PRO will review the most recent documentation in the resident's clinical record and assign an "authorized through date", if patient status determination is confirmed.

"It is the responsibility of the facility to indicate those residents which are to be reviewed by PRO for continued stay", in accordance with the Nursing Facility Services Manual. If a resident is not included on the listing provided by the facility and is not reviewed by the PRO at least every six (6) months for continued stay, their "authorized through date" will expire. If this occurs, the facility must contact the PRO for a new patient status determination to be made as soon as possible. Any time period from the expired "authorized through date" and the day that the PRO is notified will not be covered by Medicaid for payment of services provided. The PRO shall not backdate any expired certification periods. A facility must be aware of each resident's "authorized through date" to ensure they can bill and receive Medicaid payment.

If you have any questions, please contact Judy Montfort, RN at (502) 564-5707, Monday through Friday, 8:00 a.m. until 4:30 p.m. eastern-time.

Sincerely,

Shawn M. Crouch
Commissioner

Xc: Nursing Facility (12) Provider letter A-231

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